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20999 7590 01/30/2004 FROMMER LAWRENCE & HAU	PEVO	Fee(s) Transmittal. T papers. Each addition have its own certification	of mailing can only be used finis certificate cannot be used nal paper, such as an assignmate of mailing or transmission.	for any other accompanying ent or formal drawing, must
745 FIEPH VENUE- 10TH FL. NEW YORK, NY 1051	HILLER	I hereby certify that States Postal Service addressed to the Ma	ertificate of Mailing or Tran this Fee(s) Transmittal is bein t with sufficient postage for fin ail Stop ISSUE FEE address PTG, on the date indicated be	ng deposited with the United rst class mail in an envelope s above, or being facsimile
5 2006 12		U Ronald	/ K./Santucci	(Depositor's name)
	CAT & TRAUL	Laude	el // Starland	(Signature)
		/ April	13/, 2004	(Date)
APPLICA FILING DATE	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/663,333 09/18/2000	Gora	an Nilsson	3491-42	3777
TITLE OF INVENTION: USE OF A TRANSFER BE	ELT FOR A SOFT TISSUE PA	PER MACHINE		
APPLN. TYPE SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional NO	\$1330	\$0	\$1330	04/30/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS		
LOPEZ, CARLOS N	1731	162-358200		
1. Change of correspondence address or indication of CFR 1.363).  Change of correspondence address (or Change of Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address	f Correspondence agents firm (h agent) attorner	printing on the patent front page of up to 3 registered patent OR, alternatively, (2) the name aving as a member a registered and the names of up to 2 registered ys or agents. If no name is list printed.	attorneys or less of a single distorney or stered patent	mer Lawrence & LLP; ld R. Santucci
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Please check the appropriate assignee category or cate	gories (will not be printed on th	e patent); 🗖 individual 🗴	corporation or other private g	roup entity
4a. The following fee(s) are enclosed:	4b. Payment	of Fee(s): Any addition	nal fees require	ed may be charge
State Fee	X A chec	k in the amount of the fee(s) is en		cct. No. 50-0320
□ Publication Fee	-	nt by credit card. Form PTO-203	8 is attached.	
XD Advance Order - # of Copies10	The D Deposit A	irector is hereby authorized by account Number	charge the required fee(s), or (enclose an extra c	credit any overpayment, to copy of this form).
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